

NOTIFIED:

Department of Public Works

Construction Management • Encroachment Permit Team

500 S Grand Central Pky | Box 5541842 | Las Vegas NV 89155-1842 (702) 455-4600 | Fax (702) 388-2550 www.ClarkCountyNV.gov/PubWorks

ENCROACHMENT PERMIT APPLICATION

Application Number	Fee	Expiration Date		
Contractor's Name				
Address	City	State	Zip	
Phone	NV State Contractor's Li	cense Number		
Classification	Clark County Business License Number			
Contact Person's Name	Telephone Number (8:00am to 5:00pm)			
Contact Person's email address				
Emergency Contact Person	Emergency Telepho	ne Number (5:00pm to 8:00	am)	
·	at the same time as the reques ed to: trenching, boring, concrete remova site) NDEP Permit (If re	t for an Encroachment I (sidewalk, curb, valley gutter, quired) P NO YES (if YES, routes-maps-schedules/tra	Route NO) nsit-guide/)	
ANY UTILITY INSTALL	ATION REQUIRES A PLAN APPROVED E	BY AND SIGNED BY THE UTIL	ITY COMPANY.	
Cross Streets:	Address o	or APN:		
encroachment permit conditions, a	IIT CONDITIONS: permit to do the above described was stated above, and any special cowork in the Clark County right-of-way	onditions for the restoration	=	
SIGNED:	TRAFFIC CON	NTROL: APPROVED	/ REJECTED	
NAME (printed):	EXPLANATIO	EXPLANATION:		
TITLED:	ENCROACHN	ENCROACHMENT PERMIT: APPROVED / REJECTED		
DATE:	EXPLANATIO	EXPLANATION		